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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		<b>Application Number</b>	10/829,394
		<b>Filing Date</b>	04/22/2004
		<b>First Named Inventor</b>	Harima ISSEI et al.
		<b>Group Art Unit</b>	3612
		<b>Examiner Name</b>	Lori L. Coletta
Total Number of Pages in This Submission		<b>Attorney Docket Number</b>	740630-77

### ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|---|---|

### Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 31, 2006

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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Docket No. 740630-77  
Serial No. 10/829,394  
Page 1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: )  
Issei HARIMA et al. ) Group Art Unit: 3612  
Serial No. 10/829,394 ) Examiner: Lori L. Coletta  
Filed: April 22, 2004 )  
For: RESIN-MADE FLOOR PANEL ) Date: August 31, 2006  
STRUCTURE )

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**AMENDMENT**

Mail Stop Non Fee  
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Sir:

In response to the Office Action dated May 31, 2006, please amend the above identified application as follows.